

STATE OF LOUISIANA
PARISH OF OUACHITA
4TH JUDICIAL DISTRICT COURT

WIENDY LOGWOOD

FILED: _____

VS.NO. 12-1220

CINEMARK USA, INC.

DEPUTY CLERK OF COURT

ANSWERS TO INTERROGATORIES AND REQUEST FOR PRODUCTION OF DOCUMENTS
PROPOUNDED TO PLAINTIFF, WIENDY LOGWOOD

TO: Cinemark USA, Inc.
Through their attorney of record:
Mr. Thomas M. Hayes, IV
HAYES, HARKEY, SMITH & CASCIO
2811 Kilpatrick Blvd.
P.O. Box 8032
Monroe, LA 71211-8032

NOW INTO COURT, through undersigned counsel, comes WIENDY LOGWOOD who responds to defendant's, CINEMARK USA, INC.'S, Interrogatories and Requests for Production as follows:

Interrogatories

INTERROGATORY NO. 1:

State your full legal name (no initials) as well as:

- a. Other names by which you are known (i.e. nicknames used in place of legal name);
- b. Address;
- c. Telephone number;
- d. Social security number;
- e. Date of birth; and
- f. Driver's license number.

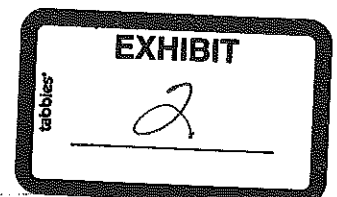
ANSWER TO INTERROGATORY NO. 1:

Wiendy Arleen Rives Logwood

- a. NA
- b. 207 Mitchell Ln., West Monroe, LA 71292
- c. 318-547-5621
- d. 429-31-926
- e. November 3, 1959
- f. Louisiana DL# 002948370

INTERROGATORY NO. 2:

Pursuant to the provisions of Article 893 of the Louisiana Code of Civil Procedure, please itemize the amounts you seek for each element of general and special damages identified by you in your petition.



ANSWER TO INTERROGATORY NO. 2:

Medical Expenses, past and future	\$ 27,340.66
Lost Wages	\$ 2,419.29
General Damages	\$200,000.00

INTERROGATORY NO. 3:

Has any defendant or any representative of any defendant made a declaration or admission against interest that is relevant to the issues in this suit? If so, identify the person making the declaration or admission, state the date it was made, to whom it was made, whether it was oral, written, or recorded and if written or recorded, identify the person holding it, and finally, please recite the substance of the declaration or admission against interest.

ANSWER TO INTERROGATORY NO. 3:

No

INTERROGATORY NO. 4:

State the names and present addresses of all persons known to you, your attorneys or others acting on your behalf who saw or have knowledge of the accident alleged upon in your petition, the events leading up to said accident, and the events immediately following same; and, in connection with each person, state:

- a. A. brief summary of the facts seen or possessed by such person; and
- b. Whether such person has given an oral or written statement to any of your attorneys or representatives; and, if so, whether such statement was oral or written, and, if the latter, the identity of your representative having possession of such statement.

ANSWER TO INTERROGATORY NO. 4:

Virginia Guice
815 Ford St.
Monroe, LA 71202
See attached copy of her written statement

INTERROGATORY NO. 5:

State whether any of your attorneys or representatives have in their possession any photographs, records, statements or other items of a tangible nature in any way relating to any of the matters alleged upon in your petition; and, if so, state as to each:

- a. A brief description of each tangible object;
- b. The location of such tangible object; and
- c. Where same might be inspected by the undersigned attorney for defendant.

ANSWER TO INTERROGATORY NO. 5:

1. All past medical records, reports and bills to date.
Records are held at the law office of Daniel P. Parker.
See attached copies of the medical records, reports and bills.

2. Written statement by the witness.
Original signed written statement is held at the law office of Daniel P. Parker.
See attached copy of the written statement by the witness.

INTERROGATORY NO. 6:

State the names and present addresses of all doctors, physicians, surgeons and other members of the healing profession whom you have consulted or who have examined, treated, prescribed for, or operated upon you within the ten (10) years prior to the date of the accident that is the subject of this suit; and in connection with each, state:

- a. The dates and places of each such consultation, examination, prescription, treatment, or operation;
- b. The reason why each such consultation, examination, prescription, treatment or operation were necessary;
- c. A description of each such treatment, examination, prescription or operation; and
The results obtained.

ANSWER TO INTERROGATORY NO. 6:

1. Dr. Tammy Jones
E. A. Conway Medical Center
Med 2 Clinic
4864 Jackson St.
Monroe, LA 71202
Various dates, treatments, prescriptions, etc.
2. Dr. Ronald Woods
Glenwood Family Practice Clinic
101 Professional Dr.
West Monroe, LA 71291
2-3 years ago;
Treatment for a motor vehicle accident
3. LSU-Shreveport
1501 Kings Hwy.
Shreveport, LA
5-6 years ago; Dermatologist
Treatment for psoriasis

INTERROGATORY NO. 7:

State the names and addresses of all hospitals, clinics, sanatoria and other similar institutions wherein you, whether as an in-patient or as an out-patient, have been treated, examined, operated upon, or hospitalized within the ten (10) years prior to the date of the accident that is the subject of this suit; and, in connection with this, and as to each such institution, state:

- a. The date or dates of each such treatment, examination, operation or hospitalization and the institution involved;
- b. The cause of each such treatment, examination, operation and/or hospitalization;
- c. A description of each such treatment, examination or operation;
- d. The name or names and present addresses of each doctor, physician, or surgeon involved in each case; and
- e. The results obtained in each case.

ANSWER TO INTERROGATORY NO. 7:

E. A. Conway Medical Center
4864 Jackson St.
Monroe, LA 71202
Numerous visits; general treatment

LSU-Shreveport
1501 Kings Hwy.
Shreveport, LA
Numerous visits to the dermatologist for my psoriasis

INTERROGATORY NO. 8:

Describe all injuries sustained by you as a result of the accident of May 7, 2011.

ANSWER TO INTERROGATORY NO. 8:

Right jaw; right shoulder; right forearm and right hip.

INTERROGATORY NO. 9:

State the names and addresses of all physicians, chiropractors, clinics, and hospitals that have provided medical care to you since the accident of May 7, 2011, and as to each, please state the dates of treatment and the condition that each health care provider addressed.

ANSWER TO INTERROGATORY NO. 9:

1. Glenwood Hospital
503 McMillian Rd.
West Monroe, LA 71291
Treatment dates: May 7, 2011
2. ED Phys. Of West LA
P.O. Box 731169
Dallas, TX 75373-1169
Treatment dates: May 7, 2011
3. Radiology Consultants
P.O. Box 1339
West Monroe, LA 71294
Treatment dates: May 10, 2011
4. Dr. Ronald Woods
Glenwood Family Practice Clinic
101 Professional Dr.
West Monroe, LA 71291
Treatment dates: May 10, 2011 thru July 14, 2011
5. Professional Pharmacy
101 Professional Dr.
West Monroe, LA 71291
Treatment dates: May 10, 2011 thru July 7, 2011
6. Specialty Imaging
111 McMillian Rd.
West Monroe, LA 71291
Treatment dates: June 21, 2011

7. NE LA Radiology Associates
1601 Lamy Lane
Monroe, LA 71201
Treatment dates: June 21, 2011
8. Dr. Douglas Brown
312 Grammont St., Suite 302
Monroe, LA 71201-7403
Treatment dates: June 23, 2011 thru July 7, 2011

INTERROGATORY NO. 10:

Have you ever been involved in any type of accident, casualty or event (other than the one described in your petition in this suit) in which you claimed to have received personal injuries; and, if your answer is in the affirmative, state as to each:

- a. The date and place thereof;
- b. The name and address of your employer at the time of each such event;
- c. A description of each accident, casualty or event;
- d. A description of the personal injuries claimed to have been received by you in each such accident, casualty or event;
- e. The name or names and the present addresses of each doctor, physician and surgeon who treated you in connection with any injuries received in any accident, casualty or event; and
- f. The name and present address of each hospital, clinic or sanitarium wherein you received treatment or were examined or treated in connection with each such accident, casualty or event.

ANSWER TO INTERROGATORY NO. 10:

Yes

- a. July 14, 2008, Crosley Street, West Monroe, LA
- b. Care Solutions
509 N. 2nd St.
Monroe, LA
- c. Guest passenger in vehicle; vehicle was backing out of private drive and hit another vehicle
- d.
- e. & f. 1. Glenwood Hospital
503 McMillian Rd.
West Monroe, LA 71291
2. ED Phys. Of West LA
P.O. Box 731169
Dallas, TX 75373-1169
3. Radiology Consultants
P.O. Box 1339
West Monroe, LA 71294
4. Dr. Ronald Woods
Glenwood Family Practice Clinic
101 Professional Dr.
West Monroe, LA 71291
5. Professional Pharmacy
101 Professional Dr.
West Monroe, LA 71291

INTERROGATORY NO. 11:

Have you ever filed a lawsuit or a claim before any court, Commission, Board or Bureau seeking the recovery of any damages in tort or of any workers' compensation or Social Security benefits or entered into any proceedings to obtain damages or such benefits (other than the present lawsuit)? If your answer to this question is in the affirmative, then state as to each such lawsuit, claim or petition:

- a. The name and address of the Court, Board, Commission or Bureau in which or before which the suit or claim was filed;
- b. The names and addresses of the persons, firms or corporations against which the suit or claim was filed;
- c. The name and docket number of the lawsuit or claim;
- d. The nature of the demands made by you;
- e. The name of your attorney in each; and
- f. Whether the suit or claim was settled; and if so, the amount of the settlement.

ANSWER TO INTERROGATORY NO. 11:

Yes, lawsuit against The News-Star World – wrongful termination
Approximately in 1988 – cannot remember the details of the case

Yes, applied for Social Security Supplemental Income – psoriasis and asthma
Approximately 4 – 5 years ago – cannot remember the details of the case

INTERROGATORY NO. 12:

Name each witness you intend to call at the trial of this matter and with respect to each such witness, please give his address, telephone number and place of employment, the subject matter on which he or she is expected to testify, and the substance of facts to which he or she is expected to testify.

ANSWER TO INTERROGATORY NO. 12:

1. Wiendy Logwood
207 Mitchell Ln.
West Monroe, LA 71292
PH# (318) 547-5621
EMP: Care Solutions
Fact witness
2. Virginia Guice
815 Ford St.
Monroe, LA 71202
PH# (318) 801-0206
Fact witness
3. Dr. Gary Lowder
Glenwood Regional Medical Center
503 McMillian Rd.
West Monroe, LA 71291
PH# (318) 329-4200
Treating ER doctor
Medical treatment

4. Dr. Ronald Woods
Glenwood Family Practice Clinic
101 Professional Dr.
West Monroe, LA 71291
PH# (318) 387-5244
Medical Treatment
5. Dr. Douglas Brown
312 Grammont St., Suite 302
Monroe, LA 71201
PH# (318) 323-6608
Medical treatment

Plaintiffs reserve the right to supplement and amend this list of witnesses upon giving notice to opposing counsel prior to the trial of this matter. Plaintiffs specifically note that discovery has not been completed, and additional witnesses may be added as a consequence.

INTERROGATORY NO. 13:

Please identify each exhibit which you intend to introduce at the trial hereof, state where such exhibit is currently located, and identify the person having custody of same, state when same might be examined by undersigned counsel, and state the fact of consequence to the determination of this suit which the exhibit makes more probable or less probable.

ANSWER TO INTERROGATORY NO. 13:

1. Medical reports, records and bills for past medical treatment.
These records are currently held at the law office of Daniel P. Parker.
See attached copies of the medical records, reports and bills.
These records are to be used to determine past medical expenses.
2. Medical bills for future medical expenses.
These records are currently held at the law office of Daniel P. Parker.
See attached copies of the medical bills.
These records are to be used to determine future medical expenses.
3. Lost Wage Statement.
These records are currently held at the law office of Daniel P. Parker.
See attached copy of the Lost Wage Statement.
This statement is to be used to determine lost wages.
4. Written statement by the witness.
Original signed written statement is currently held at the law office of Daniel P. Parker.
See attached copy of the written statement by the witness.

Plaintiffs reserve the right to supplement and amend this list of exhibits upon giving notice to opposing counsel prior to the trial of this matter. Plaintiffs specifically note that discovery has not been completed, and additional exhibits may be added as a consequence.

INTERROGATORY NO. 14:

With respect to each person you intend to call to testify at the trial as an expert, please state the following:

- a. Such expert's field of expertise;
- b. The name, address and telephone number of such expert;
- c. The subject matter on which such expert is expected to testify; and
- d. The substance of the facts to which the expert is expected to testify.
- e. Each opinion of each expert.

ANSWER TO INTERROGATORY NO. 14:

An expert has not been hired at this time.

INTERROGATORY NO. 15:

Give the names and addresses of all persons, firms and corporations for whom you worked within the period from five years prior to the date of the accident sued upon until the time you answer these interrogatories.

ANSWER TO INTERROGATORY NO. 15:

Care Solutions
509 N. 2nd St.
Monroe, LA

INTERROGATORY NO. 16:

List all dates on which you missed work following the accident sued upon as a result of the alleged injuries you received in that accident.

ANSWER TO INTERROGATORY NO. 16:

See attached copy of the Lost Wage Statement.

INTERROGATORY NO. 17:

Have you ever applied for benefits from Medicaid?

ANSWER TO INTERROGATORY NO. 17:

Yes.

INTERROGATORY NO. 18:

Have you ever received any benefits from Medicaid?

ANSWER TO INTERROGATORY NO. 18:

Yes.

INTERROGATORY NO. 19:

Do you receive Medicare benefits?

If so, please provide Medicare Health Insurance Claim Number.

Date of eligibility began?

Has Medicare made any payments for health care services that are related to your alleged injuries? If so, state the amount.

Is there a Medicare lien for benefits you received? If so, state the amount.

Has Medicare been contacted regarding your receipt of benefits and this lawsuit? If so, explain in detail the result of said contact (e.g., receipt of conditional payment form, final demand, closing letter, establishment of hold back).

ANSWER TO INTERROGATORY NO. 19:

No.

INTERROGATORY NO. 20:

Do you expect to be a Medicare beneficiary within the next [five] years?

ANSWER TO INTERROGATORY NO. 20:

No.

INTERROGATORY NO. 21:

Have you applied for Social Security Disability ("SSD") benefits?

- a. Date applied?
- b. If SSD benefits were awarded.
 1. State the date of such award.
 2. List the period of which SSD benefits were paid (i.e., 06/01/07 to present).
 3. State the injury claimed that resulted in the award.
 4. State the date the injury occurred for which SSD was awarded.
- c. If SSD benefits were not awarded:
 1. Was the application denied? If so, the date the denial of benefits was made.
 2. State the reason for the denial as provided by the Social Security Administration.
 3. Was the denial of benefits appealed? If so, state the date of any such appeal.
 4. Was the denial of benefits reversed?

ANSWER TO INTERROGATORY NO. 21:

Yes, over 5 years ago.

1. Yes, but does not remember the date of the denial.
2. Ms. Logwood was employable.
3. Yes, but does not remember the date of the appeal.
4. No.

INTERROGATORY NO. 22:

Do you have End-Stage Renal Disease ("ESRD")?

- a. If yes, when was it diagnosed?
- b. Have you applied for Medicare benefits?

ANSWER TO INTERROGATORY NO. 22:

No.

INTERROGATORY NO. 23:

Do you have any form of kidney disease (e.g., permanent kidney failure)?

- a. State type of disease.
- b. Date diagnosed?
- c. Are you being treated for the disease? If so, describe the treatment.
- d. What is the medical prognosis of the disease?
- e. Have you applied for Medicare benefits?

ANSWER TO INTERROGATORY NO. 23:

No.

INTERROGATORY NO. 24:

Do you have Amyotrophic Lateral Sclerosis (often referred to as "Lou Gehrig's disease")?

- a. If yes, when was it diagnosed?
- b. Have you applied for SSD benefits?

ANSWER TO INTERROGATORY NO. 24:

No.

REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST NO. 1:

All documents or things described in your answers to Interrogatory Nos. 5 and 13.

ANSWER TO REQUEST NO. 1:

See answer to Interrogatories Nos. 5 and 13.

REQUEST NO. 2:

All photographs taken of the accident scene or of any subject relevant to this action.

ANSWER TO REQUEST NO. 2:

Not aware of photographs taken.

REQUEST NO. 3:

All medical reports rendered by the health care providers who have examined or treated you since the date of the accident sued upon.

ANSWER TO REQUEST NO. 3:

See attached copies of all medical reports, records and bills.

REQUEST NO. 4:

All hospital records related to your medical treatment since the accident sued upon.

ANSWER TO REQUEST NO. 4:

See answer to Request No. 3.

REQUEST NO. 5:

An itemized list of all medical expenses you have incurred to date as a result of the accident sued upon, along with a copy of all medical bills.

ANSWER TO REQUEST NO. 5:

See answer to Request No. 3.

REQUEST NO. 6:

Please produce all documents evidencing your applications for and receipt of Medicare, Medicaid and Social Security benefits as identified in your answers to Interrogatory Nos. 17, 19 and 21.

ANSWER TO REQUEST NO. 6:

Medicare – N/A

Social Security – No longer have copies of these documents

Medicaid - In the process of locating these documents and will forward a copy to you when received.

REQUEST NO. 7:

Please execute the following authorizations which are attached hereto and return same along with your answers:

- (a) HIPAA Authorization to Release Medical Information;
- (b) Employment Authorization;
- (c) Insurance Authorization;
- (d) Military records release;
- (e) Federal Income Tax document release; and
- (f) Consent for Release of Information from the Social Security Administration.

ANSWER TO REQUEST NO. 7:

See attached signed authorizations.

Respectfully submitted,



DANIEL P. PARKER
Bar Roll No. 10313
2503 Ferrand Street
Monroe, LA 71201
TEL: (318) 322-7373
FAX: (318) 322-1461

CERTIFICATE OF SERVICE

I, DANIEL P. PARKER, do hereby certify that a copy of the above and foregoing Answers to Interrogatories and Requests for Production was faxed and mailed this day by United States Mail, First Class, postage prepaid to the following attorney of record:

Thomas M. Hayes, IV
HAYES, HARKEY, SMITH & CASCIO, L.L.P.
2811 Kilpatrick Blvd.
P.O. Box 8032
Monroe, LA 71211-8032

Monroe, Louisiana this 18 day of June, 2012.


DANIEL P. PARKER